



**Kutztown Area School District**  
**251 Long Lane Road • Kutztown, PA 19530-9318**  
**Phone: 610-683-7361 • Fax: 610-683-0388**



*Volunteer Application/Information Form*

Kutztown Area School District welcomes and encourages volunteers in its schools and classrooms. All volunteers are required to submit the following paperwork before being permitted to provide services in the school district.

**Volunteer FORMS:**

- Application/Information Form *(must submit every school year)*
- Act 24 Arrest/Conviction Report & Certification Form *(must submit every school year)*
- Volunteer Expense Reimbursement Form *(optional, for FBI only if applicable)*

**Volunteer CLEARANCES (must renew every 5 years):**

- Act 34 PA State Police Criminal Check *(no charge)*
- Act 151 Child Abuse History Certificate *(no charge)*
- Act 114 FBI Fingerprint (or sign Residency Affidavit below, if applicable)

For clearance information: [www.kasd.org](http://www.kasd.org) Go to "Parent Portal" on bottom tool bar, click "Volunteering". KASD will only reimburse volunteers for the FBI Clearance expense, but ONLY if you are not eligible to sign the Residency Affidavit. There is no longer a charge for Criminal and Child Abuse. (See Act 153 of 2014 - Volunteer Information Form')

The Pennsylvania Public School Code, Section 1418(b) requires that school personnel be tested for TB. School personnel to be tested include employees and independent contractors who provide direct services to students on behalf of a school, including but not limited to teachers, nurses, administrators, physicians, dentists, dental hygienists, custodians, janitors, cooks, cafeteria workers, bus drivers, librarians, psychologists, audiologists and counselors, and student teachers and volunteers. The Department of Health defines "direct service" as those persons in direct contact with student 10 or more hours/week." Please call 610-683-7346, ext. 5544, to schedule a free TB screening.

***Volunteer's Information (please print)***

Formal Legal Name: \_\_\_\_\_

First Name	Full Middle Name	Last Name
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Home Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

Email Address (optional): \_\_\_\_\_

I have received, read and understand Kutztown Area School District's Policy 806. Child Abuse/Student Abuse Policy and Policy 916. School Volunteers.

\_\_\_\_\_

**Signature of Volunteer** **Date**

**Check all that apply.** I would like to volunteer for the following:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Kutztown Elementary                | <input type="checkbox"/> Middle School   | <input type="checkbox"/> High School         | <input type="checkbox"/> Athletics/Extra Curricular |
| <input type="checkbox"/> Greenwich-Lenhartsville Elementary | <input type="checkbox"/> District Office | <input type="checkbox"/> All Schools Musical |   |

**RESIDENCY COMPLIANCE AFFIDAVIT**

**This section must be completed annually in lieu of the Act 114, FBI Clearance.**

On this, \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,

**Date** **Month** **Year**

I, \_\_\_\_\_, hereby certify that I have resided continuously in

**Full Name**

Pennsylvania for ten (10) years, and swear that I have never been convicted of a disqualifying crime in Pennsylvania, or the corresponding offenses under the laws of any other jurisdiction.

\_\_\_\_\_

**Signature of Volunteer** **Print Name of Volunteer** **Date**